



Quintessential Questions

A dental insurance guide
for small businesses.

Want big dental coverage on a small-business budget?

You just need to ask the right questions.

Small businesses have big dreams. And big hearts. But in some cases, not very big budgets. However, you *can* find an affordable group dental plan for your growing business, whether you have one employee, 100 or some number in between. You just need to ask the right questions when shopping around. This guide can help you get the answers you need to find a plan that feels custom-made for your team — and your budget.

Create healthy smiles ...
And a healthy bottom line.

All the Good Stuff ...



Benefits

Keep employees smiling ... and your business strong

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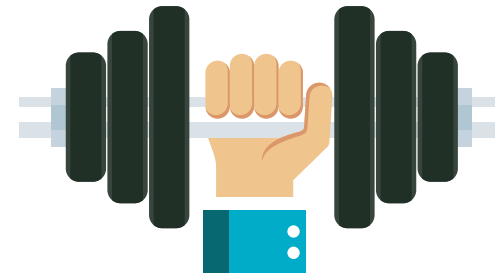


How to Speak Dental Insurance

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Benefits



Keep employees smiling ... and your business strong

If you've already set a budget for employee dental insurance, that will help you and your plan provider determine the scope of coverage you can offer. But don't forget that you do have some options! If a particular type of service, such as preventive care, is important to you and your team, start with that and work your way up to your limit.

Questions to ask, answers to weigh:

- ➔ Is there a choice of dental programs and plan designs? If yes, can employees choose between them during enrollment?
- ➔ Can they switch plans? If yes, is there a specific time frame (i.e., within a certain window of time or only during annual enrollment, etc.)?
- ➔ Think about any specific coverage you would want included for your team. Would you consider more costly procedures? Carriers can add some procedures to basic services at an added cost.
- ➔ Find out about procedure and frequency limits, and if there's an option to enhance particular preventive benefits for your team, such as an additional cleaning per year, etc.
- ➔ Do they offer a plan based on age or other demographics of employees (i.e., if you have a mostly young workforce that grew up with sealants, do you want to start with a preventive-only plan)?
- ➔ Do they deduct (or penalize) for benefits used under a prior carrier's plan (i.e., orthodontics)?
- ➔ Is there a waiting period before coverage begins?
- ➔ Do the benefits included in the plans you're considering support preventive care?

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Do the benefits support preventive care?

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- ➔ Ask if pre-existing conditions are treated differently or excluded.
- ➔ Do some procedures require pre-authorization?
- ➔ Who has the final say on treatment decisions: the employee and his dentist or the dental plan? Some plans may require providers to take “the least expensive alternative treatment approach.”
- ➔ Does the plan allow referrals to dental specialists?
- ➔ What coverage, if any, is offered when employees see non-network dentists?

Are there any special benefits you want included in your plan?

Reach out to your broker or a Delta Dental representative to start the conversation.

Network



Finding a family of dentists for your work family

For your employees, some of the shine of having new dental insurance may be dulled if they have to switch dentists or use one that's not convenient to home or work.

That's just one of the reasons why a plan's dentist network is worth considering when evaluating carriers.

Questions to ask, answers to weigh:

- Ask about the size of the carrier's network. Is it large enough to include the majority of employees' current dentists?
- Are participating (contracted) network dentists conveniently located near work or parts of town where employees live?
- If you're considering a DHMO plan type, ask if one is available. Also, find out how many of the dentists are accepting new patients.
- Some carriers may embellish the size of their networks by counting the same dentist more than once if he's part of a practice that has multiple locations. Find out if this may be the case with carriers you're considering.
- Does the carrier provide local support to their networks? Education?
- Does the carrier allow their contracted network dentists to balance bill patients?
- Do the carriers own or lease their networks? If leased, find out what costs, if any, would be passed through to your business.



The Delta Dental network

Nearly 9 out of 10 licensed dentists in Arizona are in the Delta Dental network¹

Nationwide, nearly 8 of 10 dentists are in the Delta Dental network¹

With more than 156,000 in-network dentists across the U.S., your employees are bound to find the dentist that's right for them!¹

Costs



The dollars and sense of small group coverage

There's a *lot* that goes into determining dental premiums for your company. When shopping for a reputable insurer to partner with, consider asking about the important issues we've listed on the next two pages.

Note: if you're not familiar with some of the terms mentioned here, feel free to jump to our Glossary section on page 20 as needed.

Questions to ask, answers to weigh:

- Inquire about each company's claims costs. If you're seeking a self-funding solution, this is an important issue.
- How likely is each insurance carrier to increase rates next year? And by how much?
- What will employees' out-of-pocket costs be for expenses such as insurance copays, deductibles and the like? Ask if there are any hidden charges beyond the copayments.
- Is there a dollar "cap" or limit on the amount of coverage permitted annually?
- In an effort to give the appearance of lowering your portion of the premiums, is the carrier shifting costs to the employee through network access fees or other hidden charges?
- If you currently provide coverage through another carrier, think about possible transition costs for switching. Does the new carrier make it easy to join?
- Examine administrative fees: Are there charges for offering two plan options? What about one-time implementation fees, etc.?

“Are there hidden charges? Are there charges for offering two plan options?”

- How does the plan reimburse dentists? Are costs shifted to employees, and if so, how does this benefit your business costs?
- How are benefits for out-of-network providers calculated? What additional costs would your employees be responsible for?
- Does the carrier charge for open enrollment assistance or extras like education materials?
- To help you maximize value and monitor costs, does the plan provide assistance or tools to help you budget, analyze or even dispute the costs of dental care?

Got questions of your own?
Reach out to your broker or a Delta Dental representative for more information.

Customer Service & Administration



Help for you and your team

If you're offering employee dental insurance for the first time, you'll want a dependable insurance partner who can provide the guidance and assistance you'll need — without charging you for every question or service. This partnership is important to your team as well since they will deal with insurance when they seek treatment.

Questions to ask, answers to weigh:

- Find out if an account manager will be assigned to your business. What administrative services will be provided at no charge? What services will you have to pay for and what are the costs?
- How much experience does your account manager have? Has he worked with small businesses before? They have special needs, so make sure you're not his first customer!
- Online services are important in this digital age. What kind of online services does the carrier offer to help you manage your workload?
- Are there any web tools, FAQs and resources for your employees as well? Can they view statements online and make payments?
- Are there any application fees? Service fees? Paper billing fees?
- Ask about the type of reporting you'll receive and how often you'll receive it. What kind of behavioral analyses are included, if any?

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What administrative services will be provided at no charge?

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- Try to view coverage from your employees' perspective. Will they have to submit claims? How easy is it to get help from the customer service department?
- Is there an established process if employees have questions or complaints about services they've received?
- Not all carriers offer assistance through all channels. Ask about capabilities or access via phone, internet and IVR. Does the carrier make it easy to connect with them in a manner that's easy or convenient for you and your team?

Service is our specialty.

It takes an average of **13 seconds** for a member to connect with a customer service expert by phone and **97%** of inquiries are resolved with the first call.²

How to Speak Dental Insurance



Glossary of
terms you need
to know in order
to ask smart
questions

Glossary

of common dental insurance terms

access

A patient's ability to obtain care, determined by factors such as the availability of services, their acceptability to the patient, the location of facilities, transportation, hours of operation and cost of care.

administrative costs

The costs assumed by a managed care plan for administrative services such as claims processing, billing and overhead costs.

allowable charge

The fees, on which program deductibles, maximums and coinsurance percentage are based, that a dental program will reimburse a dentist for a service as defined by contract. This is the amount that can be charged back to patients. This is also referred to as the maximum plan allowance or maximum allowable charge. Dentists have agreed to accept a maximum plan allowance based on the agreements they have signed with Delta Dental. This does not apply to non-participating dentists.

approved amount

The total fee that must be paid by the member company and the patient. Participating dentists have agreed to accept a maximum plan allowance based on agreements signed with Delta Dental. Non-participating dentists use the submitted amount.

balance billing

Balance billing occurs when a participating dentist bills

an enrollee for amounts disallowed by Delta Dental that are also not allowed to be charged to the enrollee. Participating dentists agree to accept the fee approved by Delta Dental as payment in full. Dentists may not bill an eligible Delta Dental patient for any difference or balance between the Delta Dental-approved fee and the submitted fee. Out-of-network (non-participating) dentists are not limited in the amount they may balance bill.

basic procedures

In a standard dental benefit contract, basic procedures include restorations (fillings, etc.), oral surgery (extractions), endodontics (root canals), periodontal treatment (root planing) and sealants.

benefit differential

A benefit differential is a term used to describe how payment is made for a covered service, depending on whether the dentist providing the service is a participating or a non-participating dentist. For example, Delta Dental may pay 80 percent for covered basic services provided by a participating dentist, whereas payment may be only 70 percent if the services are provided by an out-of-network dentist.

benefit levels

The extent or degree of service a person is entitled to receive based on his or her contract with a health plan or insurer.

benefits package

Services an insurer, government agency, health plan or employer offers under the terms of a contract.

benefit summary

An overview of an enrollee's dental benefit program, usually including copayment percentages, deductibles, maximums and uncovered services, often used at open enrollments. Also referred to as "benefit highlights."

benefit year

The 12-month period to which each enrollee's deductibles, maximums and other plan provisions are applied. Start and end date may vary from those of a calendar year.

broker/consultant/producer

A person who works with a Delta Dental account executive to sell and service a Delta Dental group or account. An insurance consultant is paid a fee by the purchaser, while a broker works on commission and is paid by the insurance plan.

carrier

Correct terms for Delta Dental member companies include dental insurance carriers, dental carriers, health carriers, service corporations and service plans, not administrator, insurance company or provider. Most Delta Dental member companies are not insurance companies. Conventional insurance companies are generally for-profit companies that pay dollar benefits rather than providing services. The majority of Delta Dental organizations are licensed as specialized health care service plans. Delta Dental offers a service benefit instead of a dollar benefit. This is a crucial distinction between Delta Dental and most of its competitors.

claim/claim form

Information submitted by a dentist or enrollee to establish that services were provided to an enrollee, from which processing for payment to the dentist or enrollee is made. A dentist is responsible for the

accuracy of all information on a claim form. Claim forms can be submitted to carriers on paper or electronically.

coinsurance

The percentage of the costs of services paid by the patient. This is a characteristic of indemnity insurance, POS and PPO plans. The coinsurance is usually about 20 percent of the cost of services after the deductible is paid. *See copayment.*

copayment

The enrollee's share of payment for a given service. The copayment is usually expressed as a percentage of the dentist's fee, but can be expressed as the enrollee's preset share of payment for a given service.

cost sharing

Financing arrangement whereby the enrollee in a health plan must pay some of the costs to receive care.

cost shifting

Because of the escalating costs of health care, employers have traditionally paid for all or most of employee health care coverage. There is now an increasing amount of contributions that employees are expected to make toward their own coverage.

covered services

Services for which payment is provided under the terms of the dental benefit contract.

deductible

The total amount (usually expressed as an annual figure) enrollees must pay toward treatment before their dental benefits are paid. The deductible plus the copayment and amount over the annual maximum are often referred to as the enrollee's out-of-pocket

costs. Under Delta Dental benefit plans, diagnostic and preventive services are often exempt from a deductible.

Delta Dental Plans Association (DDPA)

Delta Dental Plans Association is an organization of Delta Dental member companies in all 50 states, the District of Columbia and Puerto Rico. Through its meetings, committees, documents and other communications, DDPA provides the Delta Dental System with national guidelines and support in areas such as underwriting, service mark usage, graphics stands, advertising and public relations. Delta Dental Plans Association covers 52 operating areas, 39 total member companies, 30 total CEOs and 15 claims processing centers.

Delta Dental PPO™

Delta Dental PPO is one of our three contracted national network-based programs. Participating dentists agree to fee schedules as payment in full. These PPO schedules provide deeper discounts that result in savings to the group and enrollees. As with all of the Delta Dental networks, dentists agree to processing policies and are prohibited from billing and collecting fees in excess of the agreed-upon schedule. This product allows enrollees to visit any dentist, but offers additional savings when visiting a PPO network dentist.

Delta Dental PPO plus Premier™

Delta Dental PPO plus Premier affords all of the coverage of Delta Dental PPO. Plus, enrollees who access a participating Delta Dental Premier dentist (who is not in the PPO network) receive the benefit of that provider's contracted fee. This product provides enrollees with our unique safety-net feature, providing a level of financial security for enrollees and groups that is unequalled in the industry.

Delta Dental Premier®

Delta Dental Premier is one of our three contracted national network-based programs. Participating dentists agree to adhere to Delta Dental processing policies and are prohibited from billing a patient above the pre-negotiated fee, accepting billing under these terms as payment in full. This results in savings to the group and enrollees that avoids merely shifting costs. The Delta Dental Premier program has the nation's largest dental network, with more than three out of every four of the country's dentists participating. Delta Dental Premier provides a level of enrollee protection that is unmatched.

DHMO

Dental Health Maintenance Organization. *See HMO.*

diagnostic and preventative procedures

In the standard client contract, these procedures include oral examinations, cleanings, X-rays, fluoride treatment and space maintainers.

disallowance

A denial by a health care payer for portions of the claimed amount. Examples would include coordination of coverage, services that are not covered or amounts over the fee maximum.

employee contribution

The portion of the insurance premium that is paid by the employee.

endodontist

Dental specialist who treats the root and nerve of the tooth.

enrollee

People who are covered under a Delta Dental plan. Enrollees includes both subscribers and their covered dependents. *See subscriber.*

flexible benefit plan

Provides employees a number of benefit options, allowing them to tailor coverage to their needs.

general dentist

Provides a full range of dental services for the entire family.

group

Term used to describe a dental benefit customer or purchaser, usually an employer or a union/labor trust.

HMO (health maintenance organization)

A method of health care delivery in which enrollees receive all treatment from the medical or dental office in which they are enrolled. The physician or dentist receives a single monthly payment from the carrier for each enrolled patient, no matter how many services that patient receives.

in-network

Term used to describe a participating dentist or a service provided by a participating dentist. *See network.*

limitations/exclusions

Services that are limited or excluded from a dental insurance plan. The enrollee is usually responsible for the fee for services that are not covered. These services are called optional services.

managed care

Can refer to any health care program that features cost containment mechanisms, such as placing restrictions on the type or frequency of treatment, limiting access to dental care or allowing up to a maximum fee for covered services. All of Delta Dental's programs, including fee-for-service programs, contain aspects of managed care.

maximum/annual maximum/maximum benefit

The maximum payment Delta Dental will make within a given time period. Some plans have no maximum. Some maximums apply to the lifetime of the plan; others apply to a particular time period (calendar year, etc.) or to particular services (such as a separate maximum for orthodontic coverage).

maximum fee schedule/maximum allowable reimbursement

A compensation agreement in which a participating dentist agrees to accept a set amount as the total fee for one or more covered services.

network

Dentists who have agreed to provide treatment within certain administrative guidelines for certain programs (participating dentists). The Delta Dental Premier, Delta Dental PPO and DeltaCare programs all have distinct dentist networks.

non-participating dentist

Any dentist who does not have a contractual agreement with Delta Dental to provide dental services to enrollees of a Delta Dental benefit plan. *See participating dentists.*

orthodontist

Dental specialist who straightens or moves misaligned teeth and/or jaws, usually with braces.

out-of-network

Term used to describe a non-participating dentist or a service provided by a non-participating dentist. *See network.*

out-of-pocket costs

The portion of dental fees that the enrollee pays. Depending on the circumstances, it may include a

copayment, a deductible and any amount exceeding the plan's maximum and optional services not covered by the plan. As long as the treatment is provided by a Delta Dental participating dentist, out-of-pocket costs do not include the difference between the approved fee and the fee submitted. That difference is absorbed by the dental office, not the enrollee or the plan — a key difference between Delta Dental and other carriers.

participating dentist/Delta Dental dentist

These words refer to dentists who contract with Delta Dental and abide by certain administrative guidelines, such as charging Delta Dental enrollees no more than the pre-approved fees.

performance guarantee

A contractual arrangement Delta Dental has with some customers to provide specific levels of service, claims processing and/or reporting. Financial penalties are imposed on Delta Dental for non-attainment and incentives may be awarded for attainment.

periodontist

Dental specialist who treats gums, tissue and bone that support the teeth.

plan

The term plan refers to a program such as Delta Dental Premier.

preferred provider organization (PPO)

A PPO is a fee-for-service program that allows enrollees to choose any dentist but provides financial incentives to choose lower-priced dentists who are part of the PPO network. Delta Dental's PPO is called Delta Dental PPO.

premium

Premium is the monthly payment customers make to Delta Dental for fully insured plans.

product

Refers to a particular type of program design. For example, our products include PPOs, HMOs and fee-for-service programs.

program

Program may refer either to the name of a plan (Delta Dental Premier) or to the specific combination of coverage, copayments, eligibility guidelines, rates, etc., that a purchaser could choose.

prosthodontist

Dental specialist who replaces missing teeth with artificial materials, such as a bridge or denture.

provider

Dentist is the preferred term unless referring to other practitioners as well, such as dental hygienists.

rate

Refers to a customer's premiums or fees.

self-funded/self-insured

A customer that funds its own claims.

specialist

A dentist who has received advanced training and is certified in one of the recognized dental specialties: endodontics, orthodontics, oral surgery, pediatric dentistry, periodontics and prosthodontics.

subscriber

Subscribers are the persons actually counted in determining the rates for the group (generally

employees or members of the group). Enrollees include both subscribers and their covered dependents. *See enrollee.*

utilization

The number of enrollees using a plan in a given period of time. The term also refers to the pattern of treatment received or provided by a dentist, patient or customer.

voluntary

Refers to a dental plan in which subscribers may choose to sign up for coverage and pay typically more than 50 percent of the cost of the plan.

Create
healthy smiles ...
And a healthy bottom line.



Delta Dental of Arizona

Get the coverage you need on *your* terms.
We can help!

©2018 Delta Dental. All rights reserved. "Delta Dental" refers to the national network of 39 independent Delta Dental companies that provide dental benefits. Plans and rates may vary by state.

¹Local network data from Delta Dental of Arizona internal data (March 2019).
National network data from Delta Dental National Provider File (March 2019).

²Delta Dental of Arizona internal data (December 2018).

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